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Dear Phil:

This is to provide you followup on my attendance at the February 24, meeting of the VA Advisory Committee on Health-Related Effects of Herbicides.

Barclay Shepard did a fine job of chairing the meeting. Following the remarks by Administrator Walters the meeting proceeded as shown on the agenda.

Mr. Peter Shannon, First Secretary of the Australian Embassy, reported on the Australian government findings on Pesticides and the Health of Australian Vietnam Veterans. There are three enclosures with this letter which deal with those findings. The bottom line was "--Vietnam service was shown to have had no effect on the risk of fathering a malformed child." Another finding was that there were striking similarities among the psychiatric disorders such as the rage reaction between the veterans of World War I, World War II, the Korean War, the Arab-Israeli Wars and Vietnam.

Dr. Alvin Young gave results to date on the Adipose tissue Study. basically, Vietnam veterans and non-Vietnam veterans had similar levels of TCDD. A copy of Dr. Young's report is enclosed.

A question was asked about the relevance of the dioxin levels found in Missouri compared to that of persons exposed to Agent Orange in Vietnam. Dr. Young gave an excellent presentation on such comparisons as well as the difficulty of trying to compare TCDD levels in soil with spray (and TCDD) exposure to humans.

Dr. Fischmann's Chloracne Task Force Report is enclosed. The first eight reports from private clinics of veterans with possible chloracne indicate that six cases were acne vulgares not chloracne. One case is that of a person whose acne flared after working with halogenated hydrocarbons at a chemical arsenal in the U.S. The last case was a possible chloracne but it was impossible to implicate dioxin as a causative agent. The essence of Dr. Fischmann's report was that of nearly 1,000 agent orange related possible chloracne cases evaluated, chloracne may be possible in 2 cases.

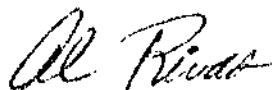
Dr. Hobson commented that he has found reference literature that had not been used in the Swedish studies. Apparently, there is a large amount of material available that has not been previously taken under consideration. Also, there is no record in the Swedish study of the type of tumors found between exposed and control persons.

Dr. Molenaar's comments on the CDC Birth Defects Study indicated that CDC is still striving to meet the January 1984, completion deadline. There probably won't be any preliminary finding on this study.

Dr. Fingerhuts' NIOSH Dioxin Registry Update provide information on 1) mortality study; 2) production workers; 3) dioxin exposure at; 4) 12 U.S. Production sites. Fourteen sites were originally considered but two were dropped for lack of information, the remaining 12 had records. There were 3900 production site workers actually involved with dioxin exposure processes and possibly as many as 1,000 additional workers so exposed. Manufactured products included trichlorophenol, 2,4,5-T, Silvex, Hexachlorophene, and Pentachlorophenol.

Dr. Shepard spoke to the possible need for additional subcommittees for the Committee. Three subcommittees which were proposed were 1) Epidemiology and Biostatistics - to serve as an advisory group to the committee and the VA; 2) Epidemiology and Vietnam Veteran Concerns - this would provide advice on what studies should be addressed; 3) Information and Education - this would serve to provide information to veterans and other regarding what is being done and the current status of the various studies.

Following discussion it appeared the first proposed subcommittee would be created and a second subcommittee created by combining proposed subcommittees two and three. Another proposal to be submitted to appropriate authorities is to permit a State Agent Orange Coordination representing the various states to become a member of the Committee.



Cy w/enclosures:

Rivas
Honing